



Presented by



## 2025 ENTRY FORM

The world's premier DK event is back in 2025.

DKS will take place **18th October, 2025** in **Forster, New South Wales**, where a number of past winners, international competitors and some of Australia's best DK talent, will battle it out to be crowned DKS champion for 2025.

Back-to-back and current DKS Champ,  
Ryan Duck, Newcastle (NSW).



**EVENT DIRECTOR**

CLAYTON PICKWORTH

[e] [info@dksessions.com](mailto:info@dksessions.com)

[p] 0428 237 788

For event registration and sponsorship enquiries please contact Clayton:

[www.dksessions.com](http://www.dksessions.com)

## EVENT REGISTRATION FORM

Full Name :

Date of Birth:        
D D M M Y Y Y Y

Phone :

Date :        
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E-Mail :

Single Entry ☐

(1x competitor \$200pp)

Address :

City :

State :  Post Code:

Country :

### WAIVER

In consideration of acceptance of my entry, I intend to be legally bound, do hereby for myself, my heirs and administrators waive, release and forever discharge any and all rights and claims for damages which may hereafter accrue against the competition, it's officials, employees, agents and contest sponsors, of any and all liability and responsibility arising from an injury received or incurred by participating in this event. I will inspect the contest area and assure myself that the area is safe for body boarding and further agree that the area conditions are safe for body boarding purposes. Further I acknowledge that I voluntarily assume all risks arising from the conditions relating to the use of the contest site and surfing area by myself or others and will comply with the DKS rules and regulations. Once my entry is submitted and paid for, I acknowledge that there are no refunds for entry fees. I agree to the release of all official photographs and video footage taken during this event, and its use by the contest director and sponsors.

☐ I hereby give my permission for officials of DKS to seek any medical service that I, or my son / daughter may require in case of accident.

Competitors signature

Parents signature (If under 18)

**PAYMENT** 1 X COMPETITOR \$200p/p

### MEDICAL INFO

Doctor Name:

Doctor Contact No.

Yes / No

Epilepsy ☐ Y ☐ N

Fainting Or Dizzy Spells ☐ Y ☐ N

Heart Condition/Diabetes ☐ Y ☐ N

Ear Disorder ☐ Y ☐ N

Asthma ☐ Y ☐ N

Allergies ☐ Y ☐ N

Other please specify below ☐ Y ☐ N

Shirt Size eg. M, L, XL etc

Payment made on (date):

BSB: 932000 ACC: 789645 REFERENCE: "YOUR NAME"

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\*All applicants must sign entry form and applicants under 18 years of age must have entry and medical forms signed by a parent/guardian. Unsigned applications and applications without money or medical form will not be accepted.